

Date Received _____
Date Issued _____

License No. _____

South Dakota Alcoholic Beverage Transporter License Application

Mail to: South Dakota Department of Revenue & Regulation, Special Tax Division, 445 East Capitol Ave, Pierre, SD 57501-3185

A. Owner Name and Address	B. Business Name and Mailing Address
Sales tax number (if applicable):	Telephone #:

Transporter's license fee: **\$25.00** per calendar year

(Mark one)

New License _____ Re-issuance _____

Certificate: The undersigned applicant certifies under the penalties of perjury, that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to records and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect books and records of the applicant for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Signed this _____ day of _____, 20____ Signature _____

For Department of Revenue use only

Amount of license fee collected: _____ STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

Date deposited: _____ Deposited by: _____

Corporate Supplement

Name of Corporation: _____

Address of office & principal place of business: _____

Name, Title and Address of corporate officers:

Name, Address of corporate directors:

Signature of one corporate officer:

_____ Date: _____